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APPLICANTS

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** CONTINUING DATA ***** *none J7*** FOREIGN APPLICATIONS ***** *none J7*

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	CT	DRAWING 6	CLAIMS 22	CLAIMS 3
Verified and Acknowledged	<i>[Signature]</i> <i>S2A</i>	Examiner's Signature Initials			

ADDRESS

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TITLE

Holder for an electronic device

FILING FEE RECEIVED 403	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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